

EMPLOYEE PRISM + Benefits FAQ

How does a new hire enroll in benefits in PRISM?

A new hire MUST complete all other HR onboarding tasks (including inputting personal DOB, gender, and SSN) before a New Hire Benefits Enrollment event will trigger in their account.

Once HR onboarding is complete, the new hire will find a task in their task box in PRISM. It will prompt them to choose their enrollments for Medical, Dental, and Vision insurances, the healthcare and dependent care Flexible Spending Accounts (FSAs), Basic, Supplement, and Dependent Life Insurances, and the 457(b) Deferred Compensation retirement savings plan. This enrollment event will also allow you to add dependents to your insurance plans, if applicable. You will need appropriate documentation for any dependent - e.g., marriage license for spouse, [DP affidavit and proof of relationship](#) for Domestic Partner, birth certificate for a child, etc.

New Hires have 60 days to enroll in plans. Insurance coverage takes effect on the first day of the month following the hire date, the employee applies, and the Benefits Partner approves.

How do I make a change to my benefits if I'm not a new hire?

After the new hire period, employees can only make changes to their plans during our annual open enrollment, usually a two-week period in May, with plan changes taking effect on July 1 of every year, or if they experience a “Qualifying Life Event” (QLE). QLEs are events such as getting married, having a baby, getting divorced, dependent losing or gaining coverage through another source, or a spouse’s open enrollment, among others. You can find a full list on our website: [Life Events and Family Status Changes | Office of Employee Health](#)

Employees **only have 30 days** to make a change to benefits following a QLE.

If you have a QLE and want to make benefit changes, go to Menu —> Benefits and Pay and select “Change Benefits”. Select a “Change Reason” that applies to your situation and the benefit date of your QLE. You will then be prompted to attach documentation to match the benefit event, such as a marriage license, a letter from an employer or insurance company regarding a loss or gain of coverage, or a divorce decree. Click “Submit”.

On the next screen, you will have the opportunity to “Add Dependents”. Only do this if you are adding dependents to your plans who are not already listed as dependents on your profile. If that does not apply, simply click “Submit”.

Finally, you will be given a task to change your benefit elections. Click “Let’s Get Started”. Under each insurance plan that you want to make a change, click “Manage” or “Waive”. Choose “Select” and click “Confirm and Continue”. On the next page you can select or unselect the checkbox next to your dependent(s) to add or remove them from that benefit plan. Click “Save” when done.

When you have finished making all changes, click “Review and Sign”. Review all changes, costs, and effective dates. If everything looks good, scroll down to check the box next to “I Accept” and click “Submit”. If you need to make edits, click “Cancel” to go back to the previous screen.

When you submit, a benefits partner will review and either approve or send back for edits. If approved, you will see the benefits as active or “Future Active” (depending on the effective date) on the benefits page of your profile.

I added my dependent, but they’re not showing up on my plan

Adding a dependent on your profile (Menu —> Benefits and Pay —> Benefits —> Dependents —> Add) does not enroll them in your plans. You must select “Change Benefits” in order to add/remove/edit the plans your dependents are enrolled in. See above for instructions.

Where can I see the Health Premium Credit?

Now, paystubs display the full amount of the health insurance deduction on one line and add the health premium credit (HPC) to the total pay on a second line. Example:

| Deduction | Amount |
|---------------------------|----------------|
| HEALTH INS EMPLOYEE SHARE | \$58.13 |
| HEALTH PREMIUM PROGRAM | (\$29.06) |
| Net cost | \$29.07 |

What do I need to do if my dependent is turning 26?

When a dependent on our health / dental / vision plans turns 26, they are no longer eligible for coverage. Their coverage will be terminated at the end of the month in which they turn

26. Example: Anna turns 26 on March 3, 2026. Her coverage on her parent's plan will terminate on March 31, 2026.

Employees do not need to take any action to have their 26-year-old dependents removed from plans - PRISM will automatically remove them.

How do I update my (or my dependents') name / address / or other info with our insurance carriers?

You're able to make changes to your and your dependents' personal information right in PRISM and it will go over to the carriers in a weekly file feed. **If you need something urgently corrected (e.g. you're not able to get a prescription filled due to incorrect information), please contact the benefits team: 207-624-7380 / info.benefits@maine.gov.*

If changing your personal information, go to "Personal Information" and under "Change", select the appropriate category. Click "Edit" at the top of the page, make the changes, and click "Submit".

To update a *dependent's* information, go to "Benefits and Pay" —> "Benefits" —> "Dependents". Click edit next to the dependent you wish to edit. For change reason, select "Correct Information". Make the needed changes, add documentation, and click "Submit".

What happens to my coverage when I go on a leave of absence?

There are several different types of leave at the State of Maine, and what happens to your benefits depends on what type of leave you go on:

Paid Leaves of Absence

When going on paid leave of absence or when using paid time off to cover you during a leave, you remain in pay status and will continue to have benefits deductions taken out of your paycheck. There will be no break in your insurance coverage. If you transition to an unpaid leave, see below.

Unpaid Leaves of Absence - Subsidized

Some unpaid leaves are "subsidized", meaning that the state continues to pay its portion of your insurance premiums, and you are only responsible for the employee portion, as usual. These leaves include:

- Admin Leave
- Family Medical Leave
- Voluntary Cost Savings Leave
- Workers' Compensation Leave

- The first 30 days of Military Leave

When on one of these leaves, your insurance deductions will accumulate in PRISM and there will be no break in your insurance coverage. When you return to work, you will begin paying back those deductions in your paychecks. You will be charged your normal deductions plus up to 50% of your deductions every paycheck, until all is paid back.

Unpaid Leaves of Absence - Unsubsidized

Some unpaid leaves are “unsubsidized”, meaning that the employee is responsible for 100% of insurance premiums. These leaves include:

- Health Leave
- Personal Leave
- Childbearing Leave
- Days 31+ of Military Leave.
- Suspension
- Seasonal leave

When on one of these leaves, your insurance will terminate at the end of the month of your last day of work or the last day of your paid or subsidized leave. You will be offered continuation of insurance via COBRA coverage through CSONE, our third-party administrator.

To maintain continuous insurance, you must elect COBRA coverage and pay all premiums. Payment will be made to CSONE. Insurance services are paid once you have paid your monthly bill.

When you return to work, you will have a “Return from Leave” benefits task awaiting you in PRISM. Complete this task to re-enroll in employee insurance plans and add/remove any dependents. Your coverage will take effect on the first of the month following your return to work, following your application and Benefit Partner’s approval.

How do I make changes to benefits while on a leave of absence?

If you are on a **paid or unpaid - subsidized leave of absence**, you can make changes to your benefits through PRISM through the normal process outlined above.

If you are on an **unpaid - unsubsidized leave of absence**, you will be offered COBRA coverage. You can add or remove dependents on your COBRA while on leave. When you return from leave, you will be able to make changes to your benefits plans in PRISM to take effect the first of the month following your return to work.

What happens to my coverage when I return from leave?

If you were on a **paid leave**, there will be no break in your coverage, no task to complete in PRISM, and no arrears due.

If you were on an **unpaid, subsidized leave**, there will be no break in coverage. However, you will have the opportunity to change your benefits if you would like – there will be a “Return from Leave” benefits task waiting in your PRISM task box. Click through this task and make changes to your benefits, or keep everything the same, and click “Submit”. You will also owe premiums from your time on leave. Those premiums will accrue in PRISM while you are out. You will pay back those arrears starting with your first paycheck after your return to work. You will be charged your normal deductions plus up to 50% of your deductions every paycheck, until all is paid back.

Example: You normally pay \$29.07 for health premiums (with HPC). You owe for missed paychecks while on subsidized leave. 50% of \$29.07 is \$14.54, which will be taken until your arrears are paid off. This is true for dental and vision insurance.

| Deduction | Amount |
|--|----------------|
| HEALTH INS EMPLOYEE SHARE | \$58.13 |
| HEALTH PREMIUM PROGRAM | (\$29.06) |
| 50% of your normal premium to cover health arrears | \$14.54 |
| Net cost | \$43.61 |

If you were on an **unpaid, unsubsidized leave**, you will have been on COBRA or ended your coverage while on leave. When you return to work, there will be a “Return from Leave” benefits task waiting in your PRISM task box. Click through this task to re-elect your benefits, and make any changes you wish, and click “Submit” at the end. Your coverage will be reinstated the first of the month following your return to work, applying and approval by a benefits partner.

What happens to my coverage if I am terminated?

When you terminate from state service, your health / dental insurance will terminate on the last day of the month of your last day of work. This is true whether your last day of work is the 1st of the month or the 31st of the month. Vision insurance will end either the last day

of the month or the 15th of the month, based on your last work date. You will be offered COBRA coverage through csONE.

What happens to my coverage when I retire?

When you terminate from state service, your health / dental insurance will terminate on the last day of the month of your last day of work. This is true whether your last day of work is the 1st of the month or the 31st of the month. Vision insurance will end either the last day of the month or the 15th of the month, based on your last work date. You will be offered COBRA coverage through csONE, for any active health, dental and vision plans.

If you think you are eligible for retiree health insurance, please reach out to your benefits specialist at 207-624-7380 or at info.benefits@maine.gov as soon as you have a retirement date set to obtain our information packet and necessary forms. Enrollment in retiree health insurance is NOT automatic; you must complete an application.

Do I still need to complete Continuation of Benefits (COB) - 108A forms to continue coverage?

No. We no longer accept these forms. Continuation of benefits is conducted through PRISM or csONE, depending on the leave type or termination.

How do I catch up on my missed premium deductions?

Paid or Unpaid Subsidized LOA- PRISM will accrue the employee share of missed premiums. It will be collected once you return from LOA at a rate not to exceed 50% more than your normal employee insurance premiums. If you terminate State employment prior to repaying your debt, you will receive bills for the unpaid amount.

Unpaid-unsubsidized Leave of absence - CSOne will bill you monthly while you are on an unpaid-unsubsidized leave of absence. You have 30 days from date of billing to make payment. Any premiums not paid will cause your insurance plan(s) to end for non-payment. Insurance-covered services are paid by the carriers when you have paid for that month's coverage. Any unpaid months will result in coverage being cancelled, retroactive to the last paid to date.